

<i>SERFF Tracking Number:</i>	<i>OSLI-126565533</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Surety Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45938</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.003 Plan C 2010</i>
<i>Product Name:</i>	<i>2010 Standardized Medicare Supp Plan C</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Old Surety Life Insurance Company

Product Name: 2010 Standardized Medicare Supp Plan C SERFF Tr Num: OSLI-126565533 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Approved-Closed State Tr Num: 45938

Sub-TOI: MS08I.003 Plan C 2010

Filing Type: Form/Rate

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Stephanie Fowler

Author: Dwight Herron

Disposition Date: 06/21/2010

Date Submitted: 06/10/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date: 06/21/2010

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/21/2010

Explanation for Other Group Market Type:

State Status Changed: 06/21/2010

Deemer Date:

Created By: Dwight Herron

Submitted By: Dwight Herron

Corresponding Filing Tracking Number:

Filing Description:

2010 Standardized Medicare Supp Plan C

Company and Contact

Filing Contact Information

Dwight Herron, Secretary & Vice President

dherron@oldsurety.com

P O Box 54407

800-272-5466 [Phone]

SERFF Tracking Number: OSLI-126565533 State: Arkansas
Filing Company: Old Surety Life Insurance Company State Tracking Number: 45938
Company Tracking Number:
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.003 Plan C 2010
Standard Plans 2010
Product Name: 2010 Standardized Medicare Supp Plan C
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Oklahoma City, OK 73154 405-524-4011 [FAX]

Filing Company Information

Old Surety Life Insurance Company CoCode: 67326 State of Domicile: Oklahoma
P O Box 54407 Group Code: Company Type: Life & Health
Oklahoma City, OK 73154 Group Name: State ID Number:
(800) 272-5466 ext. [Phone] FEIN Number: 73-0385800

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$ 50.00 - Form 600-C-AR
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Surety Life Insurance Company	\$0.00	06/10/2010	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0015161	\$50.00	06/09/2010

SERFF Tracking Number:	OSLI-126565533	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	06/21/2010	06/21/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	06/14/2010	06/14/2010	Dwight Herron	06/15/2010	06/15/2010

<i>SERFF Tracking Number:</i>	<i>OSLI-126565533</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 06/21/2010

Implementation Date: 06/21/2010

Status: Approved-Closed

Comment: This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Rate data does NOT apply to filing.

SERFF Tracking Number: OSLI-126565533 State: Arkansas

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Standard Plans 2010

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	No
Supporting Document	Application	Approved	No
Supporting Document (revised)	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	No
Supporting Document	Health - Actuarial Justification	Disapproved	No
Form	2010 Standardized Medicare Supp Plan C	Approved	No

Objection Letter

Stephanie Fowler

SERFF Tracking Number: OSLI-126565533 State: Arkansas
Filing Company: Old Surety Life Insurance Company State Tracking Number: 45938
Company Tracking Number:
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.003 Plan C 2010
Standard Plans 2010
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Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/15/2010
Submitted Date 06/15/2010

Dear Stephanie Fowler,

Comments:

Per your request we have attached a copy of the full set of rates for this form under the Supporting Documentation tab.

Response 1

Comments: No objection(s) noted to this form.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment: Per your request we have attached a copy of the full set of rates for Form 600-C-AR.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any questions or additional request please feel free to contact me at 1-800-272-5466 or dherron@oldsurety.com.

Sincerely,
Dwight Herron

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved 06/21/2010	Form 600- C-AR	Policy/Cont 2010 Standardized ract/Fratern Medicare Supp Plan al C Certificate	Initial			Medicare Supp 2010 Plan C Policy - AR.pdf

Medicare Supplement Policy

Plan C

**WARNING : Any person who knowingly, and
with intent to injure, defraud or deceive, any
insurer, makes any claim for the proceeds of an
insurance policy containing any false, incomplete
or misleading information is guilty of a felony.**

**Old Surety Life Insurance Company
5235 N Lincoln Blvd.
Oklahoma City, OK 73105**

THIS POLICY PROVIDES BENEFITS FOR LOSS DUE TO HOSPITAL CONFINEMENT AND FOR OTHER SPECIFIED EXPENSE RESULTING FROM ACCIDENTAL BODILY INJURY OR SICKNESS FOR INDIVIDUALS TO THE EXTENT HEREIN LIMITED AND PROVIDED.

MEDICARE SUPPLEMENT POLICY – PLAN C



"Serving you
-since '32"

OLD SURETY LIFE

INSURANCE COMPANY

P.O. BOX 54407 - OKLAHOMA CITY, OK 73154-1407

405-523-2112

Toll Free # 1-800-272-5466

HEREIN CALLED COMPANY

THE INSURING CLAUSE

HEREBY INSURES the Applicant, named in the application and/or Schedule I attached hereto, hereinafter called the Insured Person, against loss, subject to all provisions and limitations and exclusions herein contained, and will pay the benefits provided herein for hospital confinement and other specified expense incurred beginning while this policy is in force:

- (a) resulting from accidental bodily injury, hereinafter referred to as such accident; and
- (b) resulting from sickness, hereinafter referred to as such sickness.

NOTICE TO BUYER: This policy may not cover all of your medical expenses.

RIGHT TO EXAMINE POLICY

Please read your policy carefully, examine its provisions, so that you will know what benefits you will be entitled to when sickness and accidents occur. If you are not satisfied with the policy for any reason, you are permitted to return the policy within thirty (30) days to the home office after same has been delivered to you and/or to the address furnished by you in the application, and any premium paid by you will be refunded in full. In the event that you exercise said prerogative, it is deemed that the policy is null and void from the beginning as if no policy had been issued.

RIGHT TO CHANGE RATES

The company reserves the right to change, at any time and from time to time, the table of rates applicable to premiums thereafter becoming due under all policies of this same class in the Insured Person's state of residence. Such right includes the right of automatic change of premiums for this policy on a proportionate basis, on the renewal date following the effective date of any changes in the deductibles and/or coinsurance amounts the Insured Person is required to pay under Medicare whereby benefits of this policy are automatically changed.

NO CHANGE OF RATES OR PREMIUMS FOR THIS POLICY WILL BE MADE ON ACCOUNT OF ANY PHYSICAL IMPAIRMENT OF ANY INSURED PERSON OR ON ACCOUNT OF ANY CLAIMS INCURRED THEREUNDER. PREMIUM RATES CANNOT BE CHANGED UNLESS THE PREMIUM RATES OF ALL POLICIES OF THIS SAME CLASS WITHIN THE INSURED PERSON'S STATE OF RESIDENCE ARE SO CHANGED.

RENEWAL PROVISION

THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE. THE COMPANY CANNOT CANCEL OR NONRENEW THIS POLICY EXCEPT FOR NON-PAYMENT OF PREMIUM OR MATERIAL MISREPRESENTATION. THE COMPANY RESERVES THE RIGHT TO CHANGE PREMIUM RATES ON A CLASS BASIS BY STATE OF RESIDENCE

DEFINITIONS

Whenever used in this policy:

ACCIDENT or ACCIDENTAL INJURY means accidental bodily injury sustained by the Insured Person which is the direct result of an accident, independent of disease or bodily infirmity or any other cause, and occurs while this coverage is in force.

BENEFIT PERIOD means a Medicare benefit period which begins with the first day an Insured Person is confined in a hospital as a resident bed patient as a result of such injury or such sickness. The benefit period ends at the close of sixty (60) consecutive days on each of which the Insured Person was not confined in a Hospital or Skilled Nursing Facility.

HOSPITAL means an institution licensed and operated pursuant to law, primarily and continuously engaged in providing medical, diagnostic and major surgical facilities for compensation from its patient. Services must be provided under the supervision of a staff of one or more duly licensed physicians. Services must be provided on its premises or in facilities available to the hospital on a contractual prearranged basis. The institution must provide twenty-four hour a day nursing service by or under the supervision of a Graduate Registered Nurse (R.N.).

MEDICARE means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then Constituted or Later Amended.

DEFINITIONS CONTINUED

MEDICARE APPROVED AMOUNTS means the level of service or amount of health care reimbursement recognized and approved for a particular medical or health care service or procedure by Medicare.

MEDICARE ELIGIBLE EXPENSES means health care expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

NURSE or NURSES means a registered graduate professional nurse (RN), a licensed practical nurse (LPN) or a licensed vocational nurse (LVN).

PHYSICIAN or DOCTOR means any licensed practitioner of the healing arts practicing within the scope of his or her license. The practitioner may not be the Insured Person or a person related to the Insured Person.

PRE-EXISTING CONDITION means the existence of a condition for which medical advice was given or treatment was recommended by or received from a physician and/or medication taken within six(6) months before the effective date of coverage.

SICKNESS means illness or disease of an Insured Person which first manifests itself after the effective date of this insurance and while this coverage is in force.

In the event any definition as defined above is in conflict in whole or in part on the effective date of this policy with any state law or legally adopted regulations of any state in which this policy is issued to a resident of any such state, said definition is hereby amended to comply with the minimum requirements as to that part in conflict with any such regulations or law of any such state and claim will be paid accordingly.

PART A - HOSPITAL INSURANCE BENEFITS**1. HOSPITAL EXPENSE BENEFIT**

The Company will pay the following benefits relating to expenses you are responsible for paying when, as a result of such injury or such sickness, an Insured Person is necessarily confined as a resident patient in a hospital and benefits are paid for the confinement by Medicare, Part A.

The Company will provide:

- (a) coverage for all of the Medicare Part A Inpatient Hospital Deductible amount per benefit period.
- (b) coverage for Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st through the 90th day in any Medicare benefit period.
- (c) coverage for Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare, incurred as daily hospital charges during use of Medicare's Lifetime Hospital Inpatient Reserve Days.
- (d) upon exhaustion of all Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A Eligible Expenses for hospitalization paid at the applicable prospective payment system rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept the Old Surety payment as payment in full and may not bill you for any balance.

2. SKILLED NURSING OR EXTENDED CARE BENEFIT

The Company will pay the following benefits relating to expenses you are responsible for paying when, as the result of such injury or such sickness, an Insured Person is necessarily confined as a resident patient in a Skilled Nursing Facility for more than twenty (20) days. (Medicare currently pays 100% of the approved amount for the first twenty (20) days.)

The Company will provide coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A.

3. BLOOD TRANSFUSION BENEFIT

The Company will pay the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulation) unless replaced in accordance with federal regulations. This benefit will be provided under Medicare Part A or Medicare Part B but not both.

4. HOSPICE CARE BENEFIT

The Company will pay the following benefits relating to expenses you are responsible for paying for Medicare-approved Hospice care.

The Company will provide:

- (a) coverage for all copayment amounts you incur for prescription drugs or other similar products approved by Medicare for pain relief and symptom control.
- (b) coverage for all coinsurance amounts you incur for Medicare-approved inpatient respite care.

PART B - MEDICAL INSURANCE BENEFITS

1. MEDICAL AND SURGICAL BENEFIT - IN OR OUT OF HOSPITAL

The Company will pay the following benefits relating to expenses you are responsible for paying when, as a result of such injury or such sickness, an Insured Person shall receive medical or surgical treatment from a physician.

The Company will provide:

- (a) coverage for all of the Medicare Part B Deductible amount per calendar year regardless of hospital confinement.
- (b) coverage for the coinsurance amount of Medicare Eligible Expenses under Medicare Part B regardless of hospital confinement.

2. BLOOD TRANSFUSION BENEFIT

The Company will pay the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulation) unless replaced in accordance with federal regulations. This benefit will be provided under Medicare Part A or Medicare Part B but not both.

FOREIGN TRAVEL EMERGENCY CARE BENEFIT

The Company will pay for 80% of the billed charges for Medicare Eligible Expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside of the United States. This benefit is subject to a calendar year deductible of \$250.00 and a lifetime maximum benefit of \$50,000.00. For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.

SUSPENSION OF COVERAGE

Benefits and premiums under this policy shall be suspended at the request of the Insured for a period not to exceed twenty-four (24) months in which the Insured has applied for and is determined to be entitled to medical assistance under Title XIX of the Social Security Act (Medicaid), but only if the Insured notifies the Company within ninety (90) days after the date the Insured becomes entitled to such assistance. If suspension occurs and the Insured loses entitlement to such medical assistance, this policy shall be automatically reinstated effective as of the date of termination of entitlement if the Insured provides notice of loss of entitlement to the Company within ninety (90) days after the date of loss and pays the premium attributable to the period, effective as of the date of termination of entitlement.

Furthermore benefits and premiums under this policy shall be suspended at the request of the Insured for any period that may be provided by federal regulation if the Insured is entitled to benefits under section 226(b) of the Social Security Act and is covered under a group health plan as defined in section 1862(b)(1)(A)(v) of the Social Security Act. If suspension occurs and the Insured loses coverage under the group health plan, this policy shall be automatically reinstated effective as of the date of loss of coverage if the Insured provides notice of loss of coverage to the Company within ninety (90) days after the date of loss and pays the premium attributable to the period, effective as of the date of termination of entitlement.

In either case, such automatic reinstatement of the coverage will not be subject to any waiting period regarding any pre-existing condition at the same premium rate as would have been applicable had the coverage not been suspended. Furthermore, the reinstated policy will provide substantially equivalent coverage as provided prior to the date of suspension with the exception of outpatient prescription drugs (*if covered prior to the suspension*) if the Insured is enrolled in Medicare Part D.

LIMITATIONS AND EXCLUSIONS

This policy does not provide any benefits for such injury or such sickness unless such injury or such sickness is of a kind approved for payment by Medicare.

PRE-EXISTING CONDITIONS LIMITATIONS

Pre-Existing Conditions are not covered until this policy has been in force for six (6) months, unless this limitation is waived and so noted on page 2 of the policy on the Schedule I - Policy Information sheet.

All or part of this six (6) month waiting period may be reduced in monthly increments to the extent such waiting period had been satisfied with prior health insurance coverage if proof of such prior creditable coverage is provided to the Company. All of this six (6) month waiting period will be waived if the Insured Person was eligible for this coverage as part of the Guarantee Issue program as detailed in the Guarantee Issue Determination Form made part of the application and provided to the Company.

AUTOMATIC ADJUSTMENT FOR CHANGES IN MEDICARE

If Medicare changes any of its deductible amounts or coinsurance percentage amounts, benefits provided by this policy will automatically adjust to coordinate with such changes. The premium for this policy may also adjust to correspond with these benefit changes.

POLICY PROVISIONS

OWNERSHIP; CONTROL OF POLICY:

This contract is made with the Insured Person who has signed the application herefor and every transaction relating to this policy shall be between the Company and such Insured Person.

PREMIUM PAYMENT:

This policy is issued in consideration of the application therefor, a copy of which is attached hereto and made a part hereof, and the payment in advance of the first premium for the initial term hereof. This policy shall take effect at 12 o'clock noon, Standard Time of the place where the Insured Person resides, and shall remain in effect until the same hour on the date on which the initial term expires. The effective date of this policy, the first premium herefor and the date the initial term expires are shown on page 2 hereof. At the option of the Insured Person, this policy may be continued in force in accordance with and subject to its terms for successive periods by the payment of renewal premiums for the term of 1 month, 3 months, 6 months or 12 months, at the Company's applicable table of rates in effect on the respective due dates of such renewable premiums, but according to the original insuring age of the person covered. All premiums hereunder, except the first premium herefor, shall be due and payable at the Home Office of the Company only in exchange for the Company's Official Receipt signed by the Secretary of the Company.

REFUND OF UNEARNED PREMIUM:

In the event the Insured Person cancels this policy prior to its renewal date, the Company will refund to the Insured Person the unearned premium for any period beyond the end of the policy month in which the cancellation occurred.

In the event of the death of the Insured Person, the Company, upon proper notification, will refund to the estate of the Insured Person the unearned premium for any period beyond the end of the policy month in which the death occurred.

ENTIRE CONTRACT; CHANGES:

This policy, including the endorsements and the attached papers, if any, and the application, a copy of which is attached hereto and made a part hereof, constitute the entire contract of insurance. No change in this policy shall be valid unless approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES:

(a) After two (2) years from the effective date of this policy no misstatements, except fraudulent misstatements, made by the applicant in the application for such policy shall be used to void the policy or to deny a claim for loss incurred after the expiration of such two (2) year period. (b) No claim for loss incurred commencing after six (6) months after the effective date of this policy shall be reduced or denied on the ground that a disease or physical condition had existed prior to the effective date of coverage of this policy.

GRACE PERIOD:

A grace period of thirty-one days will be granted for the payment of each premium falling due after the first premium, during which grace period the policy will continue in force.

POLICY PROVISIONS
(continued)

REINSTATEMENT:

If any renewal premium is not paid within the time granted the Insured for payment, the Company will require an application for reinstatement. The policy will only be reinstated upon approval of such application by the Company or, lacking such approval, upon the thirtieth (30th) day following the date of such application, unless the Company has previously notified the Insured in writing of its disapproval of such application. In all respects the Insured Person and the Company shall have the same rights as they had under the policy immediately before the due date of the defaulted premium. The reinstated policy shall cover all Medicare Eligible Expenses as of the reinstatement effective date. Any premium accepted in connection with the reinstatement shall be applied to the period for which premium has not been previously paid.

NOTICE OF CLAIM:

Written notice of claim must be given to the Company within twenty (20) days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Insured Person or the beneficiary to the Company at its Home Office in Oklahoma City, Oklahoma or to any authorized agent of the Company, with information sufficient to identify the Insured Person, shall be deemed notice to the Company.

CLAIM FORMS:

The Company, upon receipt of a notice of claim will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

PROOFS OF LOSS:

Written proof of loss must be furnished to the Company at its Home Office within ninety (90) days after the termination of the period for which the Company is liable. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible or in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.

TIME PAYMENT OF CLAIMS:

Indemnities payable under this policy will be paid immediately upon receipt of due written proof of such loss.

PAYMENT OF CLAIMS:

Any accrued indemnity unpaid at the Insured Person's death may, at the option of the Company, be paid to the estate of the Insured Person. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment. Subject to any written direction of the Insured Person in the application or otherwise all or a portion of any indemnities provided by this policy on account of hospital, nursing, medical or surgical services may, at the Company's option and unless the Insured Person requests otherwise in writing not later than the time of filing proofs of such loss, be paid directly to the hospital or person rendering such services, but it is not required that the services be rendered by a particular hospital or person.

POLICY PROVISIONS
(continued)

LEGAL ACTIONS:

No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

CONFORMITY WITH STATE STATUTES:

Any provision of this policy which, on its effective date, is in conflict with the statutes of the state in which the Insured Person resides on such date is hereby amended to conform to the minimum requirements of such statutes.


TERMINATION OF BENEFITS:

Benefits for an Insured Person under this policy end automatically on the earliest of the following dates: the date coverage for the Insured Person is terminated in writing by the Insured Person; the last day for which premium has been paid for the Insured Person; the date this contract for insurance is terminated due to material representation of fraud on the part of the applicant. If a premium is accepted by the Company beyond a specified termination date of benefits for an Insured Person, benefits will continue in force for such Insured Person to the end of such premium payment period.

Termination of this policy shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the Insured Person, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

IN WITNESS WHEREOF, Old Surety Life Insurance Company has issued this policy, effective the date shown on the policy schedule page of this policy, in Oklahoma City, Oklahoma.



Secretary

President

<i>SERFF Tracking Number:</i>	<i>OSLI-126565533</i>	<i>State:</i>	<i>Arkansas</i>
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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Accepted for Informational Purposes	06/21/2010

Comments:

I do hereby certify this form (Form 600-C-AR) meets the minimum standards as required by ACA 23-80-206.

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved	06/21/2010
Bypass Reason:	The Application for this policy form is currently pending. It was filed with policy Form 600-A-AR. - SERFF Tracking number OSLI-126565532		

Comments:

		Item Status:	Status
			Date:
Bypassed - Item:	Outline of Coverage	Approved	06/21/2010
Bypass Reason:	The Outline of Coverage for this policy form is currently pending. It was filed with policy Form 600-A-AR. - SERFF Tracking Number OSLI-126565532		

Comments: